

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. 304

1. PLACE OF BIRTH

County Chila State _____
District or Township _____ or Village _____
City Mesa No. _____ St. _____ Ward _____

2. Full name of child

Gillermo Mesa

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

No., in order of birth.

6. Legitimate?

Yes

7. Date

Oct 19, 1925
Month Day Year

8. FATHER

Full name

Alexandro Mesa

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

10. Color or race

Mex

11. Age at last birthday 39 (Years)

12. Birthplace (city or place)

(State or country)

Sonora
Mexico

13. Occupation

Nature of Industry

Miner

14. MOTHER

Full maiden name

Conception Naro

15. Residence

(Usual place of abode)

Miami
Arizona

If non-resident, give place and state.

16. Color or race

Mex

17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country)

Sonora
Mexico

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P m. on the date above stated
(Born alive or stillborn.)

Signature

Charles E. Drin

(Physician or Midwife)

Given name added from
a supplemental report.

Month, day, year

Address

Miami Arizona

Filed

Oct 23, 1925

C. E. Drin

Registrar

Registrar

741-1019-386

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e num.

to a female
a birth, a SEPARATE
order of birth stated.

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in case of